

SERFF Tracking Number:	HRLV-125378504	State:	Arkansas
First Filing Company:	Harleysville Mutual Insurance Company, ...	State Tracking Number:	EFT \$25
Company Tracking Number:	WCGS112607-1		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	WC		
Project Name/Number:	WC Item B-1404/		

## Filing at a Glance

Companies: Harleysville Mutual Insurance Company, Harleysville Preferred Insurance Company

Product Name: WC

SERFF Tr Num: HRLV-125378504 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$25

Sub-TOI: 16.0004 Standard WC

Co Tr Num: WCGS112607-1

State Status: Fees verified and received

Filing Type: Rule

Co Status: Submitted to State

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Author: Carol Zwoyer

Disposition Date: 12/07/2007

Date Submitted: 12/06/2007

Disposition Status: Approved

Effective Date Requested (New): 01/01/2008

Effective Date (New): 01/01/2008

Effective Date Requested (Renewal): 01/01/2008

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: WC Item B-1404

Project Number:

Reference Organization: NCCI

Reference Title: Basic Manual Revision to Appendix E – Table of Classifications By Hazard Groups

Filing Status Changed: 12/07/2007

State Status Changed: 12/07/2007

Corresponding Filing Tracking Number:

Filing Description:

adoption of Item B-1404

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number: Item B-1404

Advisory Org. Circular: CIF-2007-06

Deemer Date:

## Company and Contact

### Filing Contact Information

Carol Zwoyer, Senior State Filing Analyst

czwoyer@harleysvillegroup.com

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TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	WC		
Project Name/Number:	WC Item B-1404/		

355 Maple Avenue	(215) 256-5735 [Phone]
Harleysville, PA 19438-2297	(215) 256-5678[FAX]

**Filing Company Information**

Harleysville Mutual Insurance Company	CoCode: 14168	State of Domicile: Pennsylvania
355 Maple Avenue	Group Code: 253	Company Type:
Harleysville, PA 19438	Group Name:	State ID Number:
(215) 256-5000 ext. [Phone]	FEIN Number: 23-0902325	

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Harleysville Preferred Insurance Company	CoCode: 35696	State of Domicile: Pennsylvania
355 Maple Avenue	Group Code: 253	Company Type:
Harleysville, PA 19438	Group Name:	State ID Number:
(215) 256-5000 ext. [Phone]	FEIN Number: 23-2384978	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Harleysville Mutual Insurance Company	\$25.00	12/06/2007	16979981
Harleysville Preferred Insurance Company	\$0.00	12/06/2007	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	12/07/2007	12/07/2007

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## Disposition

Disposition Date: 12/07/2007

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number:	HRLV-125378504	State:	Arkansas
First Filing Company:	Harleysville Mutual Insurance Company, ...	State Tracking Number:	EFT \$25
Company Tracking Number:	WCGS112607-1		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	WC		
Project Name/Number:	WC Item B-1404/		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	cover letter	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>HRLV-125378504</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Harleysville Mutual Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$25</i>
<i>Company Tracking Number:</i>	<i>WCGS112607-1</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>WC</i>		
<i>Project Name/Number:</i>	<i>WC Item B-1404/</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: HRLV-125378504 State: Arkansas  
First Filing Company: Harleysville Mutual Insurance Company, ... State Tracking Number: EFT \$25  
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Product Name: WC  
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## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty  
**Review Status:** Approved 12/07/2007

**Comments:**

**Attachment:**

NAIC 2007 B-1404.pdf

**Bypassed -Name:** NAIC Loss Cost Filing Document for Workers' Compensation  
**Review Status:** Approved 12/07/2007

**Bypass Reason:** Not applicable

**Comments:**

**Bypassed -Name:** NAIC loss cost data entry document  
**Review Status:** Approved 12/07/2007

**Bypass Reason:** not applicable

**Comments:**

**Satisfied -Name:** cover letter  
**Review Status:** Approved 12/07/2007

**Comments:**

**Attachment:**

WC Item B1404 adoption.pdf



## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 55%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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<b>3. Group Name</b>	<b>Group NAIC #</b>

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Harleysville Mutual Insurance Company	PA	14168	23-0902325	
Harleysville Preferred Insurance Company	PA	35696	23-2384978	

<b>5. Company Tracking Number</b>	125378504
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Carol Zwayer 355 Maple Avenue Harleysville, PA 19438	Senior State Filing Analyst	800-523-6344 ext. 5735	215-256-5678	czwayer@harleysvillegroup.com

<b>7.</b> Signature of authorized filer	
<b>8.</b> Please print name of authorized filer	Carol Zwayer

**Filing information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	Workers Compensation
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>	
<b>12. Company Program Title</b> (Marketing title)	
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14. Effective Date(s) Requested</b>	New: 01/01/2008    Renewal: 01/01/2008

## Property & Casualty Transmittal Document---

<b>15.</b>	<b>Reference Filing?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>16.</b>	<b>Reference Organization</b> (if applicable)	NCCI
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	Item B-1404
<b>18.</b>	<b>Company's Date of Filing</b>	12/6/07
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	125378504
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<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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With this filing it is our intent to submit for your review and approval a revision to applicable to our Workers Compensation program.

Harleysville Mutual Insurance Company and Harleysville Preferred Insurance Company wish to implement Item B1404 – Basic Manual Revision to Appendix E – Table of Classifications By Hazard Groups.

Rule of application: This change shall be applicable to all policies effective on or after January 1, 2008.

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> <b>Check #:</b>    EFT  <b>Amount:</b>    25.00         </div> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>	

**\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

**HARLEYSVILLE INSURANCE**

355 Maple Avenue  
Harleysville, PA 19438-2297  
[www.harleysvillegroup.com](http://www.harleysvillegroup.com)

December 5, 2007

Honorable Julie Bonafield Bowman  
Commissioner of Insurance  
Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904

NAIC # 14168-35696  
**Workers Compensation**  
Rule Filing  
Item Filing #B-1404  
Company Filing Number: 125378504

Dear Honorable Bowman:

With this filing it is our intent to submit for your review and approval a revision to applicable to our Workers Compensation program.

Harleysville Mutual Insurance Company and Harleysville Preferred Insurance Company wish to implement Item B1404 – Basic Manual Revision to Appendix E – Table of Classifications By Hazard Groups.

Rule of application: This change shall be applicable to all policies effective on or after January 1, 2008.

Your favorable consideration will be appreciated.

Very truly yours,  
**Harleysville Mutual Insurance Company**  
**Harleysville Preferred Insurance Company**



Carol Zwoyer, AAM, AIT  
Senior State Filing Analyst  
(215) 256-5735  
[czwoyer@harleysvillegroup.com](mailto:czwoyer@harleysvillegroup.com)

CC: George Schirripa, Lisa Berke